

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

101582269

APPLICANT(S)

Original draft date 3/4

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/		/			
3	/		/			
4	/		/			
5	4					
6	2		/			
7	/		/			
8	/		/			
9	/					
10	/		/			
11	3		/			
12	1					
13	1					
14	/					
15	/					
16						
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18						
19						
20						
21	/					
22	/					
23	1					
24	1					
25	2					
26	2					
27						
28	/					
29	1					
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31	1					
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TOTAL IND.	9	↓	2	↓		↓
TOTAL DEP.	31	←	7	←		←
TOTAL CLAIMS	40		9			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.					↓	
TOTAL DEP.					←	
TOTAL CLAIMS					←	